

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2718 Tracy Avenue - 1st Floor N.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2718 Tracy Avenue - 1st Floor
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? ----- years.

3. (a) PRINT FULL NAME Mrs. Ellen Patton 350

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Daniel Patton 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased July 10 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 7 23 hr. min.

9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ----- 5

MOTHER FATHER { 12. Name James Neiles
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Ferguson
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. B. Bagg
(b) Address Eastwood Park

17. (a) Burial (b) Date thereof March 5 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn, Indep. Mo.

18. (e) Signature of funeral director D. H. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 3-4-40 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1940 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from 1937 19 to Mar. 2 1940;
that I last saw her alive on Mar. 1 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardium 12 7 1939
Phlebotomium
Fractured RT Hip 1939
Mixed Stenosis

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations -----
Of autopsy -----

22. If death was due to external causes, fill in the following:
(a) 'Accident, suicide, or homicide (specify) acc
(b) Date of occurrence June 19 39
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Acc fall
(r) Means of injury

23. Signature Dr. John L. Bryan (M. D. or other)
Address 1401 Brush Creek Blvd. Date signed

Duration
Physician
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1408 Bryant Blvd.
2-6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Kenneth Page Pope

Licensed Embalmer No. *4128*

P. O. Address *1309 Brush Creek K.C. Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.